

**Certificate of Merger**

The undersigned Limited Liability Companies, pursuant to Senate Bill 2395, Chapter 402, Laws of 1994, hereby execute the following Certificate of Merger and set forth:

**1. The names and jurisdiction of formation or organization of the Limited Liability Companies****2. The plan or agreement of merger has been approved and executed by each party to the merger****3. The name of the surviving Limited Liability Company****4. The future effective date is  
(Complete if applicable)****5. The plan or agreement of merger. (Attach agreement or plan)**

**6. The Secretary of State of Mississippi is appointed the registered agent of this Limited Liability Company for service process in a proceeding to enforce any obligation of each domestic Limited Liability Company party to the merger. (Applicable only if the surviving organization is a Foreign Limited Liability Company.)**

Name of Limited Liability Company

By: Signature

(Please keep writing within blocks)

Printed Name

Title

**Certificate of Merger**



Street and Mailing Address

Physical  
Address

P.O. Box

City, State, ZIP5, ZIP4

Name of Limited Liability Company

By:     Signature

(Please keep writing within blocks)

Printed Name

Title

Street and Mailing Address

Physical  
Address

P.O. Box

City, State, ZIP5, ZIP4